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01/21/2004

Robert A. Jensen
JENSEN & PUNTIGAM, P.S.
Suite 1020
2033 Sixth Avenue
Seattle, WA 98121-2584

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Marcia Wallenfels	(Depositor's name)
<i>Marcia Wallenfels</i>	(Signature)
2/5/2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/927,314	08/10/2001	Chris Macris		5545

TITLE OF INVENTION: HEAT DISSIPATING SILICON-ON-INSULATOR STRUCTURES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	04/21/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
PARSONS, THOMAS H	1745	136-201000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Assistant Commissioner of Patents
Box Patent Application-FEE
Washington, DC 20231

Sir:

Transmitted herewith for filing is the patent application of:

Inventor(s) : Chris Macris
For HEAT DISSIPATING SILICON-ON-INSULATOR
STRUCTURES (CIP)

Enclosed are:

- [x] 9 sheet(s) of informal drawing(s), Figures 1-15
- [x] Applicant claims small entity status under 37 C.F.R. 1.9 and 37 C.F.R. 1.27
- [x] The filing fee has been calculated as shown below:

SMALL ENTITY

<u>For:</u>	<u>No. Filed</u>	<u>No. Extra</u>	<u>Rate</u>	<u>Fee</u>
<u>Utility Fee</u>				\$355
<u>Total Claims:</u>	63	43	x 9=	\$387
<u>Independent Claims:</u>	7	4	x 40=	\$160
			TOTAL:	<u>\$902</u>

- [x] A check in the amount of \$902 is enclosed.
- [x] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-1900. A duplicate copy of this sheet is enclosed.
- [x] Any additional filing fees required under 37 C.F.R. 1.16.
- [X] Any patent application processing fees under 37 C.F.R. 1.17.

Respectfully submitted,

JENSEN & PUNTIGAM, P.S.

By Robert A. Jensen
Robert A. Jensen #24,268

RAJ:mw (206)448-3200

Encls: Application, Claims, 9 Sheets of Drawings,
Declaration, Check, Postcard